C18000014449

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COVER LETTER

SUBJECT:	IMH CLEA	AN SERVICES LLC		
300JEC. 1		Name of Lim	ited Liability Company	
The enclosed A	articles of 7	Amendment and fee(s) are sub	mitted for filing.	•
Please return al	ll correspoi	ndence concerning this matter	to the following:	
		BLANCA J BAUMAN		
			Name of Person	
			Firm/Company	
			Address	
		·	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further infe	ormation co	oncerning this matter, please c	all:	
BLANCA J BA			253 761-6612 at ()	
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is a c	heck for the	e following amount:		
□ \$25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMH CLEAN SERVICES LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	 _
he Articles of Organization for this Limited Liability C lorida document number <u>L18000014449</u>	ompany were filed on JAMUARY 16, 2018	_ and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
MH CLEANING SERVICES LLC		
ne new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:	N-A	
rincipal office address MUST BE A STREET ADDR	(ESS)	
	• .	
nter new mailing address, if applicable:	BMHCLEANINGFL@GMAIL.COM	
failing address MAY BE A POST OFFICE BOX)		-J-
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		(4
. If amending the registered agent and/or registered agent and/or the new registered office add		e name of the
Name of New Registered Agent: N-A		
New Registered Office Address:		
	Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

Title	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
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effective date, if other than the dat			(optional)	405 6207
f an effective date is listed, the date must be Note: If the date inserted in this block	does not meet the applic	cable statutory filing rec	uirements, this date wi	ursuant to 605.02070 If not be listed as t
document's effective date on the Depar	timent of State's records	•		
ne record specifies a delayed ef	fective date, but no	ot an effective time	, at 12:01 a.m. or	the earlier of:
The 90th day after the record			,	6.03
JANUARY 22	2018			
Dated	·	<u> </u>		<u>-r</u> .
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	nature of a member or auth	<u> </u>		

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Filing Fee: \$25.00